



Nottingham Medico-Chirurgical Society

Postgraduate Education Centre, Nottingham University Hospitals NHS Trust, City Hospital
Campus, Hucknall Road, Nottingham NG5 1PB Tel: 0115 9627758 Fax: 0115 9627937
www.medchi.org.uk

APPLICATION FORM FOR JUNIOR MEMBERS

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS AND SEND TO THE ADMINISTRATOR AT THE ABOVE ADDRESS TOGETHER WITH A CHEQUE FOR £20 PAYABLE TO THE NOTTINGHAM MED-CHI SOCIETY

Title and Name:

Qualifications:

HOME Address & Post Code:

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Home Tel:Email:.....

WORK Address

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Work Tel:..... Email:.....

Branch of Medicine.....

Position:

Important: Please state your preferred address for Society e-mailings: HOME/WORK

Attention is drawn to the following Rule of the Society:

Rule 6 Every person so elected, having signed an agreement to obey the Rules of the Society shall be a Member.

I have read the above Rule and wish to become a Junior Member of the Nottingham Medico-Chirurgical Society. I enclose a cheque for £20 to cover my membership during my training

Signed..... **Date**.....

Office use only:

Date of election.....Membership Number.....Date notified.....